

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10790704**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1								51							
2	1	1						52							
3		2						53							
4	1							54							
5		(1)						55							
6	1							56							
7		1						57							
8		1						58							
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47								97							
48								98							
49								99							
50								100							
TOTAL IND.	3							TOTAL IND.							
TOTAL DEP.	6							TOTAL DEP.							
TOTAL CLAIMS	9							TOTAL CLAIMS							

REST AVAILABLE COPY